

# West Nile Virus Response Plan 2008

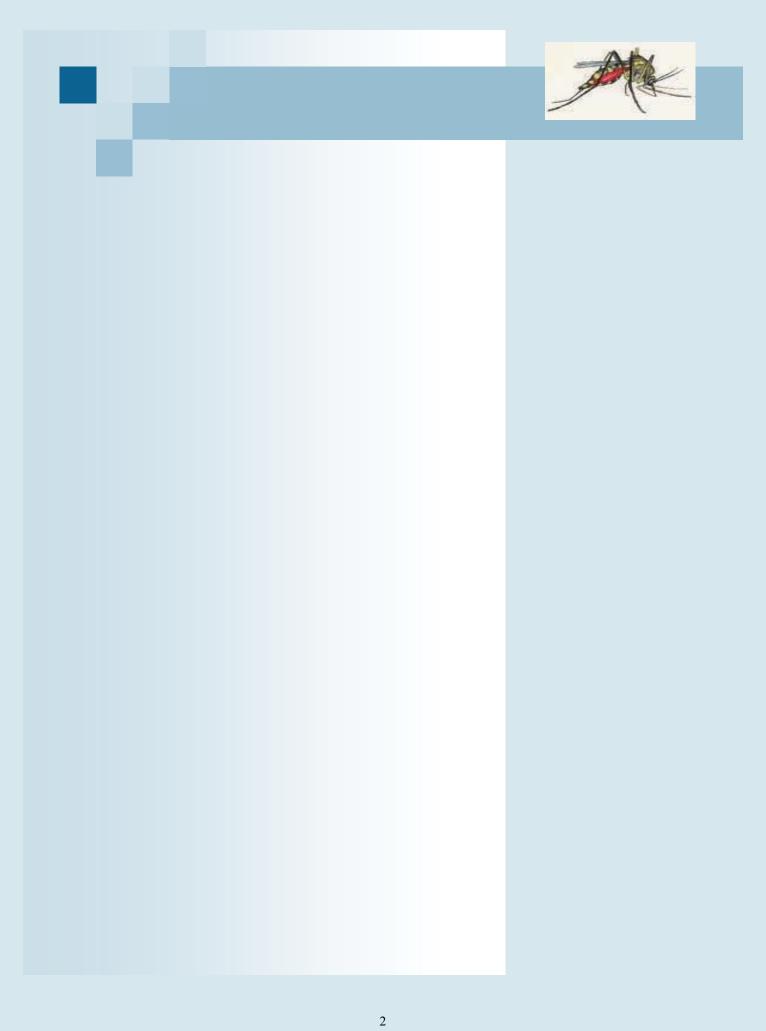


### **Environmental Health Services Division**

Zoonotic Disease Program
401 5th Ave Suite 1100
Seattle, WA 98104
206-205-4394
www.metrokc.gov/health/westnile

Prepared by: Leah Helms, RS - WNV Coordinator
 Natasha Close, MPH - Epidemiologist
 Sharon Hopkins, DVM, MPH - Public Health Veterinarian

April, 2008





# **Table of Contents**

	Page
Introduction & Purpose	5
Response Coordination	6
Surveillance	
Mosquito Surveillance	7
Dead Bird & Mammal Surveillance	8
Human WNV Surveillance	9
Public Education	10
Mosquito Control	
Habitat Reduction & Prevention of Mosquito Development	12
Adult Mosquito Control	13
Appendices	
A-West Nile Virus Phased Response Guidelines	14
B-2008 Letter to Mayors	18
C-WNV Fact Sheet	20
D-2008 West Nile Virus Contacts & Resources	21
E-King County West Nile Virus Agency Contacts	22
F-Laws and Regulations	23





### Introduction

West Nile virus (WNV) is a mosquito-borne virus first identified in the West Nile region of Africa in 1937. The virus has caused outbreaks of disease in Africa, Asia, Eastern Europe and the Middle East, however it did not appear in the United States until 1999. After first being discovered in birds and people in the metropolitan New York City area, it spread westward across the US and into Canada and Mexico. Since 1999, there have been over 27,000 cases of illness and 1,000 deaths reported in the US.

WNV was indentified for the first time in King County in October 2006 in six birds and one equine fatality. Also in 2006, the State's first human cases occurred in Pierce County (2 cases) and in Clark County (1 case). Somewhat unexpectedly, WNV was not detected in Western Washington in 2007, although it was found in birds and horses in the Yakima area.

WNV can infect humans, birds, mosquitoes, horses and other animals. Birds are the reservoir host and carry the virus in nature. Mosquitoes become infected after feeding on infected birds. People bitten by a mosquito carrying WNV may have no symptoms at all or they may become ill with symptoms ranging from mild to severe. The less serious form is called West Nile fever, a flu-like illness that may last from a few days to several weeks. In the more severe forms, WNV affects the nervous system causing swelling and inflammation of the brain or covering of the spinal cord (called neuroinvasive disease) and may result in long term disability, paralysis, and death.

# **Purpose**

The purpose of this response plan is to define Public Health– Seattle & King County's role for West Nile virus response in King County. The components of this plan are:

- Response coordination
- Surveillance
- Education
- Control

The King County WNV Phased Response Guidelines is a document which details the timeline for when these activities occur as a phased response throughout the calendar year with the bulk of the response occurring from June through October. A copy of these guidelines are included in <a href="#">Appendix A</a>.

#### 2007 WNV Quick Facts

US

3576 cases 115 fatalities

#### States Hardest Hit

Colorado 576 cases California 379 cases North Dakota 369 cases

#### **Canada**

3359 cases 98 fatalities

#### **Washington**

1 bird 1 dog

\_ T 008

8 equine 0 mosquito pools

0 human cases

King County
No positives

#### 2006 WNV Quick Facts

<u>US</u>

4269 cases 177 fatalities

#### **States Hardest Hit**

Idaho 996 cases Colorado 345 cases California 278 cases

#### Canada

151 cases 2 fatalities

#### Washington

3 human 13 birds 6 equine

O mosquito pools

#### **King County**

6 birds
1 equine
0 mosquito pools



# Response Coordination

Public Health – Seattle & King County (Public Health) is the designated lead agency for WNV response in King County. Public Health conducts surveillance for WNV in people, animals, and mosquitoes; provides educational materials and resources; conducts outreach and public education; coordinates mosquito control activities throughout the county; and provides cities and partner agencies with training and technical assistance. Adult mosquito control activities (e.g., spraying) would also be coordinated through Public Health if deemed necessary in the event of a human outbreak as defined in Alert Levels 4 and 5 of the Phased Response Guidelines (Appendix A).

Public Health works closely with King County agencies and local jurisdictions to provide technical assistance and educational materials to meet the needs of their communities. The King County West Nile Virus Interagency Work Group (IAWG) was formed in 2003. This is a group of representatives from local agencies and jurisdictions that meets periodically throughout the year to discuss planning for WNV response and to prepare for the impact that it may have on our communities.

Public Health hosts an annual training for municipalities in the spring each year, and during the summer months there are weekly updates via e-mail and periodic meetings. In addition to the IAWG, Public Health also sends an annual "Letter to the Mayor" to each of the 39 municipalities to encourage support for city-funded mosquito control and public outreach efforts for WNV prevention (<a href="Appendix B">Appendix B</a>). County government agencies as well as the Port of Seattle and the University of Washington are also contacted.

In 2007 Public Health, with support of King County Department of Natural Resources and Parks (KCDNRP) Storm Water Services staff met with various agencies and provided them with the tools and technical support needed to develop individual agency WNV response plans. Many of these agencies already had a response plan or had distributed WNV educational materials to their staff.





# Mosquito Surveillance

#### **Objectives**

Mosquito surveillance in King County is conducted to: a) monitor mosquito abundance by geographic area and time of the year; b) determine which vector mosquito species are present and where they are found; and c) detect the presence of West Nile virus in vector mosquito species.

#### **Background and Current Activity**

The risk of West Nile virus depends on the prevalence of mosquito species that bite both birds and humans, and their proximity to human populations.

In cooperation with the Washington State Department of Health (DOH) and Seattle Public Utilities (SPU), Public Health collects samples of adult and larval mosquitoes throughout the county. In the event of WNV positive mosquito pools, surveillance activities will help to guide education outreach and mosquito control efforts within the county. The level of response is based on the WNV Phased Response Guidelines (Appendix A).

A mosquito (vector) control district is not established in King County. Therefore much is not known about mosquito ecology in King County, a large county with diverse topography and population density (urban population centers, suburban, rural, agricultural and forested regions). There is still much to learn about how WNV will impact the Pacific Northwest; mosquito surveillance is a key function of this process.

#### Response Plan

- Adult mosquito trapping is done during the peak mosquito season from June until early October. Seasonal temporary staff are hired to perform trapping. The season may be adjusted based on surveillance findings, weather, and other factors.
- Mosquitoes are trapped using EVS traps baited with dry ice at predetermined locations and intervals throughout the county. Seattle Public Utilities traps with the city of Seattle and Public Health in the county.
- Trap sites are selected based on criteria such as known mosquito habitat, mosquito activity complaints, crow roosts, areas with previous WNV positive birds or mosquitoes, and proximity to locations of concern like senior centers, parks, schools or retirement communities.
- In King County mosquitoes tested for WNV are Culex pipiens, the
  northern house mosquito, and Culex tarsalis, the western encephalitis
  mosquito. These are species believed to be the most likely to transmit
  WNV in our area.
- Trapped mosquitoes are identified as to their species with assistance from WA DOH; vector species are sent to a lab at UC Davis for WNV testing.
- Samples of vector species are tested by pools (groups of ≥ 12 female mosquitoes of same species collected at a single site on one night).
- In the event that pesticides are applied for adult mosquito control, mosquito trapping may be used to evaluate control efficacy.

# Results of 2007 Mosquito Surveillance Program

#### **Overall**

- 411 mosquito trapping events
- 903 mosquito pools identified
- 209 pools suitable for WNV testing, all negative.

### City of Seattle (Seattle Public Utilities)

- 255 trapping events
- 556 mosquito pools
- 56% of mosquito pools were vector species

#### King County (Public Health)

- 156 trapping events
- 357 mosquito pools
- 45% of mosquito pools were vector species



## Dead Bird & Mammal Surveillance

#### Objective

To detect West Nile virus in birds and mammals in advance of human disease.

#### **Background and Current Activity**

Since the discovery of WNV in the US in 1999, surveillance for the virus in dead birds has proven to be the most useful tool for early detection of the presence of WNV in an area and prediction of human disease risk. Testing dead birds is the most sensitive method of environmental surveillance, even more so than testing mosquitoes or flocks of sentinel captive birds such as chickens.

Horses are also quite susceptible to WNV infection and suffer a high rate of death due to the disease. Testing of horses and other equines is usually done by a community veterinarian who is required by law to report infections to the Washington State Department of Agriculture (WSDA) or the local or state health department. An equine vaccine is available and recommended for prevention of WNV in horses. Dogs are also occasionally found to be infected; there was one ill dog with confirmed WNV infection reported in WA State in 2007. Some species of squirrels are also susceptible to WNV and are tested in California as part of their surveillance program.

#### Response Plan

- Public Health solicits dead bird reports year round from the public via phone at 206-205-4394 or web (<a href="http://www.metrokc.gov/health/westnile">http://www.metrokc.gov/health/westnile</a>). Birds are mapped to identify clusters of deaths and suitable samples collected for WNV laboratory testing.
- In 2008 for the first time, Public Health will test birds by collecting an oral swab in place of submitting the entire carcass.
- From early July Oct, a geographically representative sample of approximately 100 birds will be collected for WNV laboratory testing.
- Dead bird reports are screened by Public Health staff as to type of bird and location. Birds eligible for testing must be fresh (dead < 24 hrs) with no signs of trauma.
- Birds of interest for WNV testing in King County are birds in the corvid family, primarily crows, jays, and ravens. Magpies are also tested in eastern Washington but rarely found in western Washington.
- Reports of certain bird species (e.g., water fowl and shorebirds) are shared with the WA State Department of Fish and Wildlife (WDFW) for their avian influenza monitoring program. Reports of dead domestic poultry are shared with WA State Department of Agriculture (WSDA).
- Information on equine or other mammalian cases are shared between public health agencies and WSDA depending on which agency receives the report.

#### 2007 Non-human Surveillance in KC

#### **Dead Birds**

- Over 2700 reports of dead birds were received from the public and mapped.
- 125 dead birds were submitted for lab testing; all tested negative for WNV.

#### **Equines**

 Five King County horses with illness suggestive of WNV were reported as testing WNV negative.

# Birds for WNV Surveillance

Crow



Jay



Raven



Magpie





## Human WNV Surveillance

#### **Objectives**

Human WNV surveillance in King County is conducted to: a) detect human cases of West Nile virus infection and identify potential exposures to King County residents b) determine local geographic areas where WNV is being transmitted c) monitor WNV case trends over time and compare them to national trends d) provide information for health care professionals regarding diagnosis and testing e) support public education efforts about mosquito habitat control measures and mosquito bite prevention.

#### **Background and Current Activity**

As of early 2008, no cases of human WNV illness are known to have been acquired in King County. The first human cases in the state were diagnosed in Western Washington in 2006, with one case in Clark County and two in Pierce County.

Most people with WNV have mild or no symptoms. About 20% of infected persons develop the less serious form of the disease called West Nile Fever. One in 150 infections results in the more severe neuroinvasive form that affects the brain and nervous system. Approximately 3-15% of patients hospitalized with West Nile neuroinvasive disease die from it. The risk of serious disease and death is highest in elderly patients. Persons with diabetes are also at increased risk. There is no specific treatment other than supportive care for WNV disease. Because no human vaccine for WNV is available, public education and community outreach efforts about mosquito habitat control and the importance of avoiding mosquito bites are the essential components of prevention. More information on how to prevent WNV infection is available at the Public Health web site at http://www.metrokc.gov/health/westnile/.

# Preventing Human WNV Infection

There is no human vaccine for WNV infection.

Ways to prevent WNV infection include reducing mosquito habitats, using personal protection (such as long sleeves, long pants, and mosquito repellant), staying inside when mosquitoes are active, and installing window and door screens.

Use mosquito repellents that contain DEET or Picaridin. Oil of lemon eucalyptus provides protection similar to low concentrations of DEET.

# Response in the Event of Human WNV Cases

As of June 2008, there have been no cases of locally-acquired human cases in King County.

In the event of locallyacquired human cases, surveillance, educational and control efforts will be increased in accordance with the WNV Phased Response Guidelines.



# **Human WNV Surveillance**

#### Response Plan

Health care providers, hospitals and laboratories are required to report suspected or confirmed cases of WNV to their local health department (in King County, call 206-296-4774). Public Health investigates cases to determine if they meet the WNV case definition, how they were exposed, if exposure occurred in King County, and if there is a potential risk to others from blood, tissue or organ donations.

Public Health—Seattle & King County facilitates testing at the WA Public Health Laboratory for patients with suspected WNV neuroinvasive disease; for pregnant or breastfeeding women with symptoms of suspected WNV infection and their newborns or breastfeeding infants; and for recent blood, tissue, or organ donors or recipients suspected to have WNV infection. For patients who do not meet the above lab testing criteria, testing is available at commercial laboratories or the Public Health—Seattle & King County Laboratory on a fee-for-service basis.

All probable and confirmed case reports are forwarded to the Washington State Department of Health, which reports cases to CDC via ArboNET. CDC publishes updated national case maps weekly on their WNV web site at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm.

More detailed information for health care providers about human WNV disease, laboratory testing, diagnosis and reporting is available on the Public Health website at http://www.metrokc.gov/health/providers/wnv-clinicians.htm.



## **Public Education**

#### **Objective**

To educate the higher risk groups and the general public on the most effective ways to reduce the risk of WNV infection including mosquito habitat reduction, personal protection, and property preparation.

#### **Background and Current Activity**

Education is a key prevention strategy and an important role of Public Health and other government agencies. Public Health has developed and distributes educational materials, and asks that cities and partner agencies assist in providing this information to their constituents. Prevention messages are: reducing mosquito populations by getting rid of sources of standing water where mosquitoes lay their eggs and personal protection against mosquito bites. Public Health also has the capacity to open and staff a Public Information Call Center (PICC) in the event of a WNV outbreak or other high demand for public information.

Community outreach is a main component of the Public Health education strategy, especially for those at high risk for WNV infection or more severe forms of the infection. High-risk populations include the elderly, persons living or working outdoors, people who spend time outdoors at dawn or dusk, and unsheltered homeless persons. The need to make efforts to reach ethnic communities with low-English proficiency who may not be reached by mainstream media and English-language educational materials has also been recognized.

As part of our outreach plan, at-risk populations have been identified and a distribution plan has been developed to reach out to these communities. Letters and order forms for educational materials are distributed to agencies and community organizations serving at risk populations. Cities and agencies have been contacted each year, provided materials, and asked to distribute information to their communities and to employees.

Public Health responds to emails and phone calls from the public, gives advice, and sends materials. Public Health staff provides materials, outreach visits, and presentations to community groups when requested and provides in-services to city and agency staff, especially utility workers.

Downloadable brochures in 7 languages, fact sheets, streaming video, and other educational materials are available on the Public Health website at www.metrokc.gov/health/westnile. New educational materials for 2008 with the "Fight the Bite" or "Combata la Picadura" logo (see sidebar) include post cards, bookmarks, wallet cards, and door hangers.





### **Public Education**

#### Response Plan

- By mid-May, mail letters and material order forms to community groups and agencies identified for outreach.
- In mid-June, make press release to announce beginning of WNV season, remind public of mosquito habitat reduction and personal protection measures, and the upcoming start of environmental surveillance (mosquito and bird testing). Remind citizens to report dead birds.
- Present educational displays and distribute mosquito repellent samples at community events, health fairs, and at the King County fair in Enumclaw.
- Beginning in June, maintain educational displays and sell lowcost repellent at Public Health clinic sites.
- Distribute wallet cards and bookmarks with the "Fight the Bite" logo to cities and agencies for distribution.
- Distribute free mosquito repellent as available to Health Care for the Homeless program.
- Update website information continually during the WNV season and post maps of dead bird reports, mosquito surveillance results and other surveillance data.
- Participate in press releases and media events as appropriate during the WNV season.
- Maintain readiness and staff training for a Public Information Call Center (PICC), if needed.

WNV educational brochures are available in the following languages:



- English
- Spanish
- Chinese
- Cambodian
- Vietnamese
- Korean
- Russian

For downloadable files, see: http://www.metrokc.gov/health/westnile/



# Mosquito Control: Habitat Reduction & Prevention of Mosquito Development

#### Objective

To prevent the spread of West Nile virus by reducing habitat and controlling mosquitoes at the larval stage of development using the principles of Integrated Pest Management.

#### **Background and Current Activity**

There is no mosquito or vector control district in King County nor are there ordinances specifically dealing with mosquito abatement or prohibiting standing water that forms mosquito habitat on private property. Some enforcement of mosquito habitat minimization may be possible through solid waste code (i.e. where solid waste, such as tire piles, is the primary violation and mosquito habitat is also present).

Public Health provides mosquito control recommendations to private property owners and training/technical assistance to public agencies in King County. In response to the threat of WNV and with the encouragement of Public Health, many agencies and jurisdictions have chosen to proactively provide mosquito control on their own properties. This may include reducing sources of standing water and treating mosquito-producing stormwater ponds and catch basins with larvacides.

#### Response Plan

- Public Health does not directly conduct mosquito control activities, except on its own properties in conjunction with King County Facilities.
- Public Health strongly recommends that owners of residential, commercial, and municipal properties inventory their properties for sources of mosquito larval habitat and conduct control activities using integrated pest management principles (see sidebar).
- To prevent standing water, federal, state and local governments should maintain existing drainage and water holding structures on their properties such as sumps, recharge basins, sewage or wastewater treatment facilities, street catch basins, salt marsh ditches, upland streams, ponds, and pools (unless law dictates otherwise). Engineering strategies and IPM should be implemented to eliminate breeding sites.
- Privately owned or operated sewer facilities should be maintained in a similar fashion to eliminate larval mosquito habitat.
- Municipalities should disseminate mosquito control information and provide assistance to residents when possible, coordinate mosquito control activities on public property, and work with county and state agencies on behalf of the residents in their jurisdiction.
- Municipalities and county agencies should report mosquito surveillance data and larvacide applications to Public Health.
- As WNV threat increases, mosquito control activities should be intensified according to the WNV Phased Response Guidelines.
- Regulations relevant to mosquito control and the powers of local directors of health can be found in Appendix F.

# Principles of Integrated Pest Management (IPM)

Integrated Pest Management is an effective and environmentally sensitive approach to pest management that relies on a combination of common-sense practices. IPM programs use current, comprehensive information on the life cycles of pests and their interaction with the environment. This information, in combination with available pest control methods, is used to manage pest damage by the most economical means, and with the lest possible hazard to people, property and the environment.

#### IPM for Mosquito Control

- Conduct on-going monitoring of mosquito habitat for lar-
- Eliminate sources of standing water that are not naturally occurring (e.g., empty buckets, drain gutters and water on flat roofs, eliminate puddles, tire piles)
- Maintain natural mosquito predators such as fish, frogs and dragonflies in wetlands and ponds
- Apply targeted applications of larvicide products, with proper permits and controls to inhibit the development of mosquito larvae into adults



# **Adult Mosquito Control**

#### **Objective**

To control adult mosquito populations to prevent the spread of WNV in the event of a human outbreak.

#### **Background and Current Activity**

Adult mosquito control (known as adulticiding) may be considered in the event of human cases or a high risk of human cases and conditions favoring continued transmission to people (e.g. persistent high infection rates in mosquitoes, continued avian mortality due to WNV). In other jurisdictions, adulticiding has been performed using backpack or truck-mounted sprayers or aerial applications with fixed-wing aircraft or helicopters.

Public Health will be the lead agency for emergency adult mosquito control should this become necessary. Spraying would be done in coordination with affected municipalities or jurisdictions. Public Health, with guidance from the Department of Natural Resources and Parks (DNRP) will coordinate contracting with a suitable company to provide the services requested and follow best management practices (BMP) for adulticiding drafted by DNRP. Public Health will follow procedures required by Washington State Department of Ecology (DOE), WA State Department of Agriculture (WSDA) and WA Department of Health (DOH). There is the potential for reimbursement should the State make funds available for emergency mosquito control.

#### Response Plan

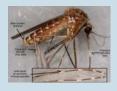
When conditions favor a high risk of human outbreak (Alert Level 4) or a human outbreak is in progress (Alert Level 5), mosquito control response may support spraying for adult mosquitoes. These actions include:

- Intense larval control and habitat reduction will continue.
- With direction and technical support from Public Health, adult mosquito spraying program may be implemented in high risk areas.
- Adult mosquito spraying may be intensified to include repeat spray applications until surveillance indicates reduced infection levels in mosquito populations.
- If an outbreak is widespread and covers multiple jurisdictions, Public Health will coordinate spraying and control activities with neighboring counties and through the DOH.

See the WNV Phased Response Guidelines in Appendix A for details.

#### **Culex tarsalis**

Western Encephalitis Mosquito



Culex tarsalis, is a mosquito species capable of transmitting WNV and is thought to be a prime vector in many areas. It is found more often in rural King County compared to urban areas.

Culex tarsalis larvae develop in permanent and semi-permanent waters such as log ponds, stormwater ponds, ditches, irrigation systems, marshes and pools in grasslands and woodlands. Larvae may also be found in artificial containers.

#### Culex pipiens

Northern House Mosquito



Culex pipiens is a very common mosquito species in this area and it is capable of transmitting WNV. In King County, its preferred habitat seems to be urban areas where it lays its eggs in standing water in catch basins, all types of containers, puddles, standing water on roofs and in gutters, abandoned swimming pools, and unmaintained ornamental ponds.



# Appendix A West Nile Virus Phased Response Guidelines for Cities & Agencies in King County

Public Health—Seattle & King County
Contact: Dr. Sharon Hopkins, WNV program lead, (206) 263-8454 or Sharon.Hopkins@kingcounty.gov

## **Guidelines for a Phased Response to West Nile Virus Using Surveillance Data**

The phased response plan uses a range of surveillance data and the timing of the surveillance findings to guide community response to the threat of West Nile virus (WNV). The principal goal is to minimize the health impact of WNV in our residents, as well as in domestic and zoo animals and in wildlife. We have a limited (but increasing) understanding of the ecology and epidemiology of arboviruses such as the West Nile virus in the US, so it is important to realize that predicting the arrival and intensity of WNV activity in any given area is difficult. It is also important to note that, while prevention and control measures will aid in mitigating the effects of WNV in a community, it is unlikely that human infections can be entirely prevented.

Surveillance for WNV in dead birds (especially in crows, jays, and raptors) can be expected to provide the earliest warning of the arrival of West Nile virus each season, therefore, residents and city governments are asked to assist Public Health in its dead bird reporting and testing program. Surveillance for mosquito larva is another critical component which is used to guide cost-effective mosquito control efforts; city governments are asked to monitor for mosquito larva in city-owned properties and report results to Public Health. Public Health also has programs for surveillance of WNV in captured adult mosquitoes ("mosquito pool testing"), monitoring of WNV testing performed by local blood centers, and for collecting reports of equine and human cases of WNV.

Cities should also be aware that new mosquito habitat is being created continually by housing developments, public and private construction projects, flooding, and land use changes. Periodic assessments should be undertaken to identify new mosquito habitat and implement surveillance if necessary.

Public Health staff are responsible for compiling, mapping, and monitoring the range of WNV surveillance data (e.g., bird, mosquito, equine, and human cases) and determining the WNV Alert Level that guides the phased response. Public Health will keep municipalities and partner agencies appraised of the current WNV Alert Level through e-mails to the WNV Interagency Work Group and on the WNV website at http://www.metrokc.gov/health/westnile.

City officials are encouraged to consult with Public Health—Seattle & King County on interpretation and application of these phased response guidelines. We also encourage cities to join the Public Health-sponsored WNV Interagency Work Group which meets periodically from spring through fall and which keeps members informed of surveillance findings, recommendations, and educational resources through regular e-mail communications.

Dr. Sharon Hopkins of the Environmental Health Services Division is Public Health's lead for the WNV Program and is available for questions and technical assistance. She can be contacted by e-mail (<a href="mailto:Sharon.Hopkins@kingcounty.gov">Sharon.Hopkins@kingcounty.gov</a>) or telephone (206-263-8454). Leah Helms is the WNV Program Coordinator and can be reached at 206-263-8450 or <a href="mailto:Leah.Helms@kingcounty.gov">Leah.Helms@kingcounty.gov</a>. The mailing address is 401 Fifth Avenue, Suite 1100, Seattle, WA 98104. The FAX number is 206-296-0189.

We also encourage city officials to review the many WNV resources available at our web site at <a href="http://www.metrokc.gov/health/westnile/">http://www.metrokc.gov/health/westnile/</a>.

# West Nile Virus (WNV) Phased Response Guidelines for Cities & Agencies in King County

Alert Level	Definition	Surveillance Response	Education Response	Control Response
0	Winter (off season)  No mosquito activity; approx Nov – Mar In King County  No risk of human WNV outbreak	- Analyze surveillance findings from previous season  - Review and update mosquito and bird surveillance plans for coming season and secure materials, funding and other resources	- Evaluate effectiveness of educational materials and outreach from previous season and update plans for coming season  - Restock brochures and other educational materials; check with Public Health for availability of new materials	- Evaluate mosquito surveillance and larvaciding activities from previous year; update WNV Response plan  - Develop control plans including capacity to respond in the event a major WNV outbreak in the coming season requires extensive larval control efforts or adult mosquito spraying  - Prepare for larvaciding of city properties by obtaining NPDES permit through WA DOH  -Have designated staff obtain Pest Control Operator licensing, or contract with private pest control company to provide surveillance and larvaciding services during mosquito season
1	Spring, summer & fall  No positive surveillance findings in King County in the current calendar year (e.g., no WNV positive birds or mosquito pools and no WNV cases in humans or horses)  Remote risk of human outbreak	- Inventory & map mosquito habitat  - Conduct mosquito surveillance at city properties by larval dipping and periodically report results to Public Health  - Field employees such as Parks or Utilities crews should report dead bird sightings and monitor mosquito habitat  - Encourage citizen reports of dead birds or significant mosquito problems to Public Health  - With assistance of Public Health, determine associations between known mosquito vectors and habitat type	- Inform city staff of recommended personal protection measures against mosquito bites via Human Resources, city intranet sites, and staff meetings; consider providing mosquito repellent products to field staff  - Keep city Public Information Officer informed of WNV status and key public messages consistent with local and state recommendations  - Provide public education and outreach on WNV prevention emphasizing mosquito habitat reduction and personal protection against mosquito bites  Examples of public outreach include:  Establish or maintain WNV information on city web site with links to Public Health WNV pages at www.metrokc.gov/health/westnile Encourage citizens to report dead bird sightings & mosquito activity Insert WNV prevention messages/ brochures in utility statements, city newsletters, etc Make WNV educational materials available at community & senior centers, parks, sports fields, festivals, and other community events and gathering places	- Initiate source reduction of mosquito habitat at city-owned properties using principles of integrated pest management  - Encourage source reduction by homeowners, businesses, and housing developments  - Respond to mosquito complaints from citizens  - Consider use of larvacides at city facilities, water features and drainage systems identified as having potential mosquito vector species and where larval counts meet or exceed 1 larva per 3 dips (or average of 0.3 larva per dip)  At Alert Level 1, larvaciding may be limited to sources in proximity to vulnerable populations such as senior housing, densities of population > 50 yrs of age, and outdoor venues used at dusk and evening hours  - Review plans for control response to higher Alert Levels  -Obtain supplies of larvacide, or have a plan for obtaining sufficient larvacide rapidly if needed  - Attend WNV trainings sponsored by Public Health or other organizations

# West Nile Virus (WNV) Phased Response Guidelines for Cities & Agencies in King County

Alert Level	Definition	Surveillance Response	Education Response	Control Response
2	Summer or fall  Areas with limited or sporadic WNV activity in wild birds and/or mosquito pools starting after August 1  (See Alert level 3 if positive birds or mosquitoes occur before August 1 or if there are human or equine cases)  Low risk of human outbreak	- Continue activities of Alert Level 1  - Conduct intensified surveillance in areas of positive findings to identify possible sources & mosquito species  - Expand surveillance in areas adjacent to those with positive WNV surveillance findings  - Assist Public Health in conducting live mosquito trapping and intensified larval surveillance in areas with WNV positive birds or mosquitoes  - Monitor maps produced by Public Health indicating areas of WNV activity	- Continue activities described in Alert Level 1  - Update city web site emphasizing presence of WNV in the area and prevention measures  - Increase public education emphasizing personal protection, particularly for persons over 50  - Provide personal protection information (and mosquito repellent products if feasible) to homeless persons  - Prepare or update news articles for use by senior-oriented newsletters or other publications and encourage public education via local or regional newspapers with attention to non-English-speaking residents (materials are available from Public Health)  - Send Public Health's "Mosquito Control Fact Sheet for Private Property Owners" to persons or organizations known to have potential mosquito breeding habitat, facilities, water features, and drainage systems	- Continue control activities in Alert Level 1  - Monitor street drains/catch basin in proximity to vulnerable populations for mosquito production and apply larvacides if indicated  - Intensify mosquito habitat/source reduction and larval control at facilities, water features, and drainage systems in proximity to areas with positive WNV surveillance findings  -Provide information and/or support for appropriate control responses by private agencies, businesses, and organizations in the city with mosquito habitat and/or facilities, water features and drainage systems under their authority  - Review or develop plans for adult mosquito control should it be determined, in consultation with Public Health, that this control step is necessary in limited locales
3	Spring, summer or fall Initial confirmation of a WNV positive bird or mosquito pool collected before August 1  OR a confirmed equine or human case (even if no positive birds or mosquito pools have been detected)  OR sustained high levels of WNV activity in birds or mosquito pools in the absence of equine or human cases  Moderate risk of human outbreak	- Continue with surveillance activities described in Alert Level 2	- Continue efforts described in Alert Level 2  - Keep city Public Information Officer informed and ready to disseminate the public information that will be needed if adult mosquito spraying is undertaken  - Expand public information to include TV, radio and frequent newspaper reports emphasizing personal protection, particularly for persons over 50, as resources allow  - Mobilize community group efforts for mosquito source reduction such as neighborhood clean up days; provide prevention information at community festivals, health fairs and outdoor events  - Encourage citizens and community partners to actively assist elderly or disabled residents with source reduction, screening windows, screen repairs, and use of mosquito repellents and other protection	- Intensity habitat reduction and larval control at facilities, water features and drainage systems throughout the city Larvaciding of street drains/catch basins in proximity to vulnerable populations may be necessary at this alert level, based on the experience of other US cities in past years  - Intensify efforts to encourage and coordinate appropriate control responses by private agencies, businesses, and organizations with mosquito habitat, facilities, water features and drainage systems under their authority  - With direction and technical support from Public Health, be prepared to respond if Public Health determines specific areas of high human risk and the need for limited, targeted adult mosquito spraying within your jurisdiction An example is spraying of a park the day before an evening public event such as a outdoor concert  - Review criteria and plans for more wide-spread adult mosquito spraying efforts should the Alert Level increase to Level 4

# West Nile Virus (WNV) Phased Response Guidelines for Cities & Agencies in King County

Alert Level	Definition	Surveillance Response	Education Response	Control Response
4	Spring, summer or fall  Surveillance indicates a high risk of human infections, as shown by indicators such as:  a) high dead bird densities starting in early summer; b) sustained high mosquito infection rates; c) multiple positive mosquito species; d) equine or mammal cases indicating escalating epizootic, e) a human case with high levels of bird, mosquito or equine infections; f) areas with early WNV activity that experienced epidemic conditions in past years  High risk of human outbreak	- Continue with surveillance activities described in Alert Level 3 with emphasis on determining areas with significant populations of adult mosquitoes of vector species	- Intensify efforts described in previous alert levels  - Engage local community leaders and government officials to speak about WNV  - Enhance risk communications to public and owners of private facilities, water features and drainage systems about adult mosquito spraying	- Continue intense larval control and habitat reduction  - With direction and technical support from Public Health, initiate on-going adult mosquito spraying program in high risk areas  - In conjunction with state agencies or Public Health, monitor effectiveness of spraying on target mosquito populations when adult spraying is done
5	Spring, summer or fall  Multiple confirmed human cases; conditions favoring continued transmission to people (e.g., persistent high infection rates in mosquitoes, con-tinued avian mortality due to WNV)  Human outbreak in progress	- Conduct surveillance to monitor effectiveness of mosquito spraying through trap counts and infection rates of vector mosquito species	- Intensify public risk communication about adult mosquito control  - Consider distribution of mosquito repellent products at public events, especially those held in the evening  - Emphasize urgency of personal protection against mosquito bites through community leaders and the media; emphasize use of repellents at visible public events  - Conduct active educational outreach and distribution of repellents in homeless, low-income and non-English speaking communities  - Consider distribution of door knob hangers in communities with high number of human cases	- Intensify adult mosquito spraying, repeating spray applications until surveil-lance indicates adequate mosquito control  - If outbreak is widespread and covers multiple jurisdictions, coordinate spraying and control activities with neighboring counties and through the WA Dept of Health



Public Health

Seattle & King County

# 2008 King County West Nile Virus Response Plan

# Appendix B 2008 Letter to Mayors

#### Office of the Director

401 Fifth Avenue, Suite 1300 Seattle, WA 98104-1818 **206-296-4600** Fax 206-296-0166 TTY Relay: 711 www.kingcounty.gov/health

March XX, 2008

Mayor XXX City of YYY Street Address City, WA 98001

Dear Mayor XXX,

The purpose of this letter is to assist you in updating and implementing your city's response to the potentially serious threat of West Nile virus. West Nile virus (WNV) was found for the first time in King County in 2006. In 2007 there were over 3,500 human cases and 109 deaths nationwide. Western states were among the hardest hit. While our state's only confirmed West Nile findings in 2007 were in Yakima County, the summer of 2008 could once again bring West Nile virus to King County.

West Nile virus is spread by mosquitoes, and we look to King County cities to take an active role in WNV prevention through mosquito control on city-owned properties and through education of city residents. Public Health – Seattle & King County will continue to take a lead role by:

- ☑ conducting surveillance for WNV infections in people, animals and mosquitoes;
- coordinating mosquito control activities throughout the County, including hosting a WNV interagency workgroup;
- providing cities with training and technical assistance;
- providing educational materials and resources, including information in 7 languages;
- conducting outreach and public education including updating the WNV Web site at <a href="https://www.metrokc.gov/health/westnile">www.metrokc.gov/health/westnile</a>;
- ☑ working with county agencies to control mosquito breeding habitat on King County properties where appropriate; and
- With the interagency group, continue to plan for adult mosquito spraying should this become necessary in our area.

We would like to thank you for the work that the City of YYY has done to prepare for WNV. We hope that you will continue your efforts in 2008 and will:

- □ Participate in the WNV Interagency Work Group. This group holds periodic meetings throughout the WNV season and sends regular e-mail updates;
- ☐ Attend trainings and/or meetings offered by Public Health.
- □ Conduct surveillance for mosquito larvae and eliminate mosquito habitat when possible, and provide data about these activities to Public Health;
- □ Apply larvicide where appropriate on city-owned properties;
- □ Educate residents (especially senior citizens and non-English speaking residents) about WNV. Materials in multiple formats are available from Public Health;
- ☐ Be prepared to manage calls from residents that your offices will receive if/when you have human or animal cases of West Nile virus in your city; and



# Letter to Mayors continued

- Designate a point person to participate in the WNV Interagency Work Group, coordinate city West Nile activities, and communicate to top management about WNV issues.
- □ In the past, the point person for the City of YYY has been ZZZ. If your point person is new or changed, please contact Leah Helms, WNV Coordinator, at Public Health Seattle & King County at 206-263-8450 or by e-mail at leah.helms@kingcounty.gov.

Included with this letter are 1) Public Health's West Nile Virus Phased Response Guidelines for King County; 2) a template that you may find helpful in updating your city's West Nile Virus Response Plan; 3) an order form for educational materials; 4) an announcement for WSDA Pesticide Applicator's licensing training April 1-2; and 5) a Q & A fact sheet about WNV.

If you have any feedback on working with us last year, or information or activities you would like to see from Public Health – Seattle & King County, please do not hesitate to contact our West Nile lead, Dr. Sharon Hopkins, at (206) 263-8454 or by e-mail at <a href="mailto:sharon.hopkins@kingcounty.gov">sharon.hopkins@kingcounty.gov</a>. Dr. Hopkins should also be contacted for any technical assistance your city needs in carrying out its West Nile virus response.

Reducing mosquitoes by eliminating their habitat and larvae where appropriate will remain a local issue, but one that we are ready to assist you with in any way we can. West Nile virus is placing a burden on all of us, and we appreciate your efforts very much.

Sincerely,

David Fleming, MD Director and Health Officer

Enclosures (5)



Appendix C WNV Fact Sheet



# **FACT SHEET**

# **West Nile Virus**

#### ■ WHAT IS IT?

West Nile virus (WNV) causes West Nile fever and West Nile meningitis, encephalitis and West Nile poliomyelitis. It can infect people, birds, mosquitoes, horses and other animals. In Washington State the virus was first found in horses and birds in 2002. The first human infection by WNV in Washington State occurred in 2006.

#### □ SYMPTOMS

Most people who are infected with the West Nile virus will not get sick. In those who do become ill, symptoms usually begin between 3 and 14 days after being bitten by an infected mosquito.

About 1 in 5 infected persons will develop West Nile fever, a flu-like illness lasting a few days to several weeks. In addition to fever, symptoms include:

- Fatigue
- √ Nausea
- ✓ Headache
- ✓ Rash✓ Vomiting
- ✓ Loss of appetite✓ Muscle aches
- ✓ Swollen glands

About 1 in 150 infected people will have one of the more severe and potentially fatal forms of disease (West Nile meningitis, encephalitis or West Nile poliomyelitis) that can include symptoms of West Nile fever and:

- ✓ Severe headache
- ✓ Sensitivity to light
- ✓ Neck stiffness
- ✓ Convulsions or coma
- ✓ Decreased level of alertness
- ✓ Muscle weakness, tremors, or paralysis

#### ☐ HOW IS IT SPREAD?

West Nile virus is spread to people mainly by the bite of an infected mosquito. Mosquitoes become infected after feeding on birds that carry the virus. WNV is not spread by direct contact with infected animals or people, but care should always be used when handling sick or dead animals. WNV may be spread via blood transfusion and organ transplantation. Blood and organ donations are routinely tested and infected donations are not used.

#### ■ WHO IS AT RISK?

The risk of getting West Nile virus is very low, but anyone who is bitten by infected mosquitoes can be infected. Older people over 50 years of age have a higher risk of having more serious symptoms.

#### ■ DIAGNOSIS AND TREATMENT

- West Nile virus in humans is diagnosed by testing blood and/or CSF (cerebrospinal fluid from a spinal tap).
- Contact your healthcare professional if you have symptoms of a possible WNV infection, especially if you recently had mosquito bites.
- ✓ There is no vaccine for humans or specific treatment other than supportive care.

#### ☐ PREVENTION

- ✓ Empty anything outdoors that holds standing water —any standing water can serve as a mosquito breeding site.
- Change water in birdbaths, fountains, wading pools and animal troughs weekly.
- Make sure that roof gutters drain properly.
- Fix leaky outdoor faucets and sprinklers.
- Make sure that windows and door screens are "bug tight"—if not, repair or replace them.
- Stay indoors at dawn and dusk when mosquitoes are the most active.
- ✓ Wear protective clothing (long sleeves, long pants and a hat) when going into mosquito-infested areas.
- ✓ Use mosquito repellant when necessary, and carefully follow the directions on the label. Effective repellents contain DEET, picaridin, or oil of lemon eucalyptus.
- Assist elderly neighbors and relatives in these tasks to help keep them safe from mosquito bites.

#### ☐ WHAT SHOULD I DO IF I FIND A DEAD BIRD?

West Nile virus infects many wild birds including crows, jays and ravens. Increasing numbers of dead birds can be a sign that WNV is present in a community. As with any dead animal, avoid any direct contact. Wear gloves or use a shovel to move the bird. Dead birds can be disposed of by putting them in a plastic bag and then into the garbage.

Public Health tracks and sometimes tests dead birds. You can help by reporting dead birds to Public Health at (206) 205-4394, or on the web at:

www.metrokc.gov/health/westnile/deadbird.htm

Report all King County cases to Public Health by calling (206) 296-4774.

Available in alternate formats.

Communicable Disease Epidemiology and Immunization Section
401 Fifth Avenue, Suite 900 • Seattle, WA 98104-2333
(206) 296-4774 Fax (206) 296-4803 TTY Relay: 711• www.kingcounty.gov/health

Rev 10/23/06 Ref 03/08



# Appendix D 2008 West Nile Virus Contacts & Resources

#### 24 hr. Recorded WNV Hotlines

Public Health – Seattle & King County

Environmental Health (206) 205-3883

Communicable Disease & Epidemiology (206) 296-4949 (select option 2)

Washington State Department of Health 1-866-788-4787

WNV Information & Reporting--Public Health

General WNV Questions (206) 205-4394 Dead Bird Reports (206) 205-4394

Online dead bird reporting <a href="http://www.metrokc.gov/health/westnile/deadbird.htm">http://www.metrokc.gov/health/westnile/deadbird.htm</a>

 Mosquito Problems
 (206) 205-4394

 Veterinary Cases
 (206) 263-8450

 Human Cases
 (206) 296-4774

### **WNV Websites**

Public Health - Seattle & King County <a href="http://www.metrokc.gov/health/westnile/">http://www.metrokc.gov/health/westnile/</a>

Washington State Dept. of Health www.doh.wa.gov/ehp/ts/Zoo/WNV/WNV.html

Permit for Aquatic Mosquito Control <a href="http://www.doh.wa.gov/ehp/ts/Zoo/WNV/Permit.html">http://www.doh.wa.gov/ehp/ts/Zoo/WNV/Permit.html</a>

Centers for Disease Control (CDC)

Main WNV page http://www.cdc.gov/ncidod/dvbid/westnile/index.htm

Statistics & Surveillance <a href="http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm">http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm</a>

Insect Repellent Info <a href="http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect\_repellent.htm">http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect\_repellent.htm</a>

http://www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm

WSU Cooperative Extension http://www.wnv.wsu.edu

#### **Public Health – Seattle & King County Staff**

Dr. Sharon Hopkins, Public Health Veterinarian, WNV lead	(206) 263-8454
Sharon.Hopkins@kingcounty.gov	
Leah Helms, WNV Coordinator	(206) 263-8450
Leah.Helms@kingcounty.gov	
Natasha Close, Epidemiologist	(206) 263-8441
Natasha.Close@kingcounty.gov	
Hilary Karasz, Media Officer	(206) 263-8705
Hilary.Karasz@kingcounty.gov	
Human Health Questions	(206) 296-4774
Communicable Disease/Epidemiology Section	

#### Washington State Department of Health

THE STATE OF	
Elizabeth Dykstra PhD, Medical & Veterinary Entomologist	(360) 236-3388
Jo Marie Brauner, WNV Mosquito & Dead Bird Surveillance	(360) 236-3064
Ron Wohrle DVM, WNV Equine Surveillance	(360) 236-3369
Cyndi Free, Publications & Fact Sheets	(360) 236-3384



# Appendix E King County West Nile Virus Agency Contacts

## **Public Health Contacts**

WNV Program Lead\_

Sharon Hopkins DVM, MPH Public Health Seattle & King County 401 5<sup>th</sup> Ave, Suite 1100 Seattle WA 98104

Sharon.hopkins@kingcounty.gov

Office: (206) 263-8454 Fax: (206) 296-0189 **Public Information Officer** Hilary Karasz, (206) 263-8705

**WNV Coordinator** 

Leah Helms, (206) 263-8450

**Environmental Health's Emergency Preparedness Liaison** 

Jim Henriksen, (206) 263-8430

## Other King County Divisional & Departmental WNV Contacts

# **Department of Natural Resources and Parks (DNRP)**

Parks & Recreation	Dave Sizemore	(206) 205-7549			
Solid Waste Division	Terri Packard	(206) 296-8475			
Water and Land Resources Division (Storm Water Services Section)	Dan Willott	(206) 296-8173			
Waste Water Treatment Division	Allen Alston	(206) 684-1156			
<b>Department of Executive Services</b>					
Facilities Management Division	Robin Bishop	(206) 296-0674			
Department of Transportation (DOT)					
Road Services Division	Sue Walsh	(206) 205-7109			
Transit Division	Cathy Johnson	(206) 684-2266			
Fleets	TBD	TBD			
Department of Development and Environmental Services (DDES)	TBD	TBD			
King County Housing Authority	TBD	TBD			



# Appendix F Laws and Regulations

#### Ordinances governing Mosquito Control in Washington State

RCW 17.21 Washington Pesticide Application Act

http://apps.leg.wa.gov/RCW/default.aspx?cite=17.21&full=true

RCW 15.58 Washington Pesticide Control Act

http://apps.leg.wa.gov/RCW/default.aspx?cite=15.58

WAC 16-228 General Pesticide Rules

http://search.leg.wa.gov/pub/textsearch/ViewRoot.asp?Action=Html&ltem=1&X=301132055&p=1

RCW 43.05 Technical Assistance Programs

Municipal Research and Services Center of Washington lays out how to form a mosquito control district.

http://apps.leg.wa.gov/RCW/default.aspx?cite=43.05Formation of Mosquito Control Districts, Municipal Research and Services Center of Washington

